



## CHAPTER 2

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# ‘The Holy War Against Alcohol’: Alcoholism, Medicine and Psychiatry in Ireland, c. 1890–1921

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### INTRODUCTION

In 1904, members of the Medico-Psychological Association (MPA) met at a conference in Dublin. On one point, attendees were practically unanimous, as evidence was produced ‘from every side’ of the ‘disastrous effects everywhere observed’ of drink. In response to this event, the *Journal of Mental Science* issued a rallying cry:

It may cause some searching of conscience to ask whether our profession as a whole, and particularly our speciality, have up to the present taken a sufficient leading part in the holy war against alcohol. It is high time for our Irish colleagues to make themselves heard upon this subject, when in at least one asylum one third of the male admissions are attributed chiefly to this cause.<sup>1</sup>

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Their shared sense of urgency—even culpability—is understandable. By now, Irish asylums had come to serve, among their catalogue of functions, as major receptacles for inebriates.<sup>2</sup> But this situation had never been deliberate. In spite of their outward preoccupation with the Irish ‘drink problem’, medical practitioners, late Victorian reformers and the state had reached little consensus on how best to deal with the chronically drunken. The short-lived system of inebriate reformatories, consigned to the shadows of criminality and the penal system, did little to tackle the professed ‘epidemic’ of inebriety sweeping through pre-Independence Ireland.<sup>3</sup> Meanwhile, members of the medical community contemplated alternatives ranging from treatment at home to physical force. While these practitioners continued to debate whether alcoholism was a cause of insanity—or insanity itself—by 1900, ‘intemperance in drink’ accounted for one in ten asylum admissions.<sup>4</sup> This chapter explores the evolution of medicine’s role in framing and treating alcoholism in Ireland, from the 1890s until the creation of the Irish Free State in 1922.<sup>5</sup> Centring on medical discourses and asylum records, it queries how, why and to what extent medical practitioners came to influence the treatment, care and rehabilitation of alcohol-related admissions to Irish asylums.

This investigation marks a new departure in histories of alcohol use and misuse in Ireland. It also contributes to international discourses surrounding the role of medicine and particularly psychiatry, in understanding and treating alcoholism. Although Irish drink consumption patterns have been variously attributed to economic, legal, social and recreational changes, there has been little consideration of the rapidly professionalising medical community’s attitudes towards excessive drinking and alcohol addiction at the turn of the twentieth century. Likewise, the long-held ‘drunken Irish’ stereotype, still prevalent, has been assessed from several viewpoints, but there has been no investigation of how the Irish medical community interpreted and informed this labelling. As this chapter demonstrates, Irish medical practitioners remained conscious of this racial typecasting. On the other side of the seemingly pervasive heavy drinking culture in Ireland, was the endurance of various temperance organisations boasting staggering membership figures.<sup>6</sup> Like their British colleagues, some Irish doctors were heavily influenced by temperance ideology. Meanwhile, as this chapter reveals, several asylum patients admitted for alcohol-related causes would take or had previously taken an abstinence pledge. The Irish relationship with

alcohol was further complicated by the notion that sobriety was essential for successful national self-governance,<sup>7</sup> a position that was not lost on certain Irish doctors. As will be argued, while alcoholism was very much on the medical agenda internationally during this period, in Ireland it became imbued with a discrete set of cultural and political ideas.

Patient records for the Enniscorthy District Lunatic Asylum in the southeast of Ireland, the Belfast District Lunatic Asylum in the north of Ireland and St. Patrick's Hospital in Dublin are a key source in this study. Enniscorthy and Belfast were two of the twenty-two district (public) asylums which, by 1900, collectively housed almost 16,000 patients.<sup>8</sup> The state had authorised the creation of these institutions in 1817 for the 'lunatic poor', and they continued to serve that group almost exclusively.<sup>9</sup> St. Patrick's, meanwhile, was one of four voluntary asylums, all Dublin-based, which offered both private and non-private care. Founded from the bequest of Irish writer and dean of St. Patrick's Cathedral, Jonathan Swift in 1757, St. Patrick's initially received patients from all social classes but as the district asylums grew, fee-paying patients from the 'middling classes' increasingly came to form the patient population there. Importantly, there were also, by 1900, 13 private asylums, providing mostly expensive accommodation for the wealthiest members of society. Their role in caring for Ireland's inebriates is examined through official records, including the annual reports of the lunacy inspectors. From 1845, the inspectors—all medical men—were required to visit all 'receptacles for the insane' and reported annually on their observations. These doctors, who remained central figures in lunacy administration, also commented on the role Irish asylums played in treating alcohol-related disorders.

## MEDICAL DISCOURSES

By the 1890s, there is little question that Irish medical practitioners, like their European and American colleagues, had come to redefine what we now term alcoholism as a disease rather than a vice.<sup>10</sup> Although the key features of the disease concept were in place by the 1770s, physicians including Thomas Trotter in Britain and Benjamin Rush in America have historically been credited as 'discovering' the disease view at the turn of the nineteenth century.<sup>11</sup> As Roy Porter has shown convincingly, this was because wider social developments at the dawn of the nineteenth century, including Evangelical Christianity, the temperance movement and

the increasing status of medicine, were a crucial setting within which the disease concept could thrive.<sup>12</sup> It was at this point that doctors began outlining a specific medical condition. The term *Trunksucht*, literally meaning ‘manic thirst’, was coined in 1819 by the German-Russian doctor, C. von Brühl-Cramer, and was translated as ‘dipsomania’: a pre-existing condition giving rise to a craving for alcohol.<sup>13</sup> While for Brühl-Cramer, this was a disease of the *nervous system*, twenty years later, the renowned French alienist Jean Étienne Esquirol, contended that dipsomania was a *mental* disease, manifested by the inability to abstain from intoxicating liquor. Esquirol classified dipsomania as a form of partial insanity—monomania—a category he invented to diagnose patients who were unable to reason properly on one particular subject but were otherwise lucid.<sup>14</sup>

In the mid-nineteenth century, the Swedish doctor, Magnus Huss, provided the first clinical description of the disease he called ‘chronic alcoholism’. By now, some form of disease theory had gained acceptance among many British doctors, including Alexander Peddie.<sup>15</sup> Yet while Peddie favoured Esquirol’s conception of habitual drunkenness as a specific mental disease—dipsomania—Huss saw chronic alcoholism as a disease of the nervous system with a primarily physiological origin. These divisions were not clear-cut, however; in fact, the fluidity of medical thought in this era led to the terms often being used interchangeably. By the 1880s, another term—‘inebriety’—had entered the fray, following its popularisation by the Glaswegian doctor, Norman Kerr. Inebriety differed in that it described an inability to resist all drugs rather than simply alcohol; meanwhile, Kerr tended to oscillate between ‘alcoholism’ and ‘dipsomania’ when discussing alcohol, while others often used ‘inebriety’ when referring solely to alcohol.<sup>16</sup> Kerr was the leading British champion of the disease (rather than ‘vice’) view. In 1884, he became a founding member and president of the British Society for the Study of Inebriety and soon after, published his *Inebriety, Its Aetiology, Pathology, Treatment and Jurisprudence* (1888), which became the standard text on the topic.<sup>17</sup>

In Ireland, the disease view gained currency in public arenas, as evidenced in the national and regional press.<sup>18</sup> Yet the belief, shared by many, that the drunkard was to blame for their condition and therefore deserved punishment was resilient.<sup>19</sup> As a review of Kerr’s famous work *Inebriety* published in the *Dublin Journal of Medical Science* in 1888 illustrates concisely, this shift met with some resistance from Irish medical commentators. The review began:

The main object of Dr Kerr's work seems to be to establish Inebriety (why not call it "Drunkenness?") as a recognised disease, the prevention and treatment of which comes within the province of medical men.

Although the reviewers subscribed to the importance of establishing a 'disease' framework, they criticised Kerr for seeming 'to neglect the moral responsibility of the intemperate, and their power of avoiding the exciting and continuing cause of the disease condition'.<sup>20</sup> As will be seen, while Irish doctors frequently looked to European and American examples when trying to solve Ireland's 'drink problem', they were not simply blind followers of international thought. Rather, they engaged with and informed wider international debates on inebriety, leaning on evidence gathered from practising medicine in Ireland. In the case of Kerr, now widely recognised as having been a leading specialist on inebriety,<sup>21</sup> the Irish medical community quickly warmed up. Just a year later, a review of the second edition of *Inebriety* in the same journal conceded that it had 'rapidly been adopted as a handbook', lauding the doctor's 'long and varied experience' and the 'illustrative and interesting cases' he presented.<sup>22</sup>

By the 1890s, Irish medical men, including Ephraim MacDowel Cosgrave, began publishing vigorously on inebriety and its treatment. Cosgrave, who trained in Ireland at Trinity College Dublin and qualified as a medical doctor in 1878, initially practised medicine in England. He later returned to Dublin, becoming a fellow (1887) and then president (1914–1916) of the Royal College of Physicians of Ireland, as well as physician to several Dublin hospitals.<sup>23</sup> Like Kerr, who was a member of the Church of England Temperance Society, Cosgrave was an enthusiastic temperance advocate and served as president of the Irish branch of the British Medical Temperance Association.<sup>24</sup> In 1897, he published a brief history of the Dublin Total Abstinence Society and in 1901, a book outlining experimental proofs on the role of alcohol.<sup>25</sup> In the meantime, he had become an active contributor to the *Dublin Journal of Medical Science*, which would later become the official organ of the Royal Academy of Medicine in Ireland.<sup>26</sup>

Cosgrave's views on inebriety were explicit in his presidential address to the Section of State Medicine at the Royal Academy of Medicine in Ireland in 1892 on 'the Control of Inebriates'. He advocated for extended powers for the treatment of inebriates and, perhaps predictably given his allegiance to temperance, recommended total abstinence as the only course for either class.<sup>27</sup> Sceptical of proposals

that inebriates were best treated in their homes, he warned that due to their ingenuity, unscrupulousness and help from others, it would be difficult to keep them from drinking. Drawing on his personal experience as a hospital physician, Cosgrave determined that even in that environment, patients managed to acquire alcohol. He therefore urged the confinement of inebriates in institutions ‘where they can be controlled – not allowed to have drink sent in, not allowed to go out for it’.<sup>28</sup> Like many of his contemporaries, Cosgrave was keenly aware of developments abroad citing legal developments in England, Scotland, America and Germany. For Cosgrave, inebriate homes, reshaped by new legislation, held the wonder-cure, though he insisted that power should be given to family, friends and public authorities to send people to them.<sup>29</sup> This marked a renewed campaign from the Irish medical community and the press for further institutional measures for chronic drunkards.<sup>30</sup>

It also mirrored developments in Britain. A key aim for Kerr’s Society for the Study of Inebriety was to secure state-supported legislation which, it hoped, would establish medical treatment for inebriates and generate the expansion of the inebriate homes system. As Virginia Berridge has observed, the disease concept assumed hegemony in this period not due to the discovery of new medical ideas but because of a particular combination of social forces.<sup>31</sup> Thus, medical approaches to alcohol use were at least partly rooted in late Victorian ideological assumptions, as the disease model’s entry into the public domain was not the achievement of a politically neutral scientific encounter but via the creation of quasi-penal institutions for the restraint and rehabilitation of the habitual drunkard.<sup>32</sup> For some historians, influenced by the ideas of Michel Foucault, these developments are evidence of the extension of the ‘clinical gaze’: the control of populations by pathologising and medicalising deviancy. Yet the lack of a unified disease theory of drunkenness, partly arising from the fact that inebriety sat uneasily with theories of rationality and reason, undermines this interpretation.<sup>33</sup>

Not all members of the Irish medical community were convinced of the need for further coercive legislation. In a particularly indignant backlash, the reviewers of the third edition of Kerr’s *Inebriety* book wrote in the *Dublin Journal of Medical Science* in 1895:

We object to the grandmotherly legislation and coercion. The liberty of the subject is sufficiently restricted already, and the patience with which millions of law-respecting citizens tolerate the curtailment of their personal liberty lest a weak brother should offend is a marvellous testimony to our inborn respect for law. Restrictions and pledges cannot create an Utopia.<sup>34</sup>

This tirade was almost certainly a reaction to the Intoxicating Liquors (Ireland) Bill and Irish Sunday Closing Bill, intended to introduce further restricted weekend opening hours for public houses. The reviewers' concerns resonated with contemporary nationalist sentiment at a time when Irish politicians were making strides towards Home Rule for Ireland.<sup>35</sup> In 1891, Charles Stewart Parnell, the then leader of the Irish Home Rule Party, had denounced the Intoxicating Liquors Bill as 'a patronising attempt on the part of the majority of English members in the House of Commons to make the Irish people sober'.<sup>36</sup> In fact, by this time, most Irish nationalists perceived 'attacks on Irish drinking habits as attacks on the Irish people', claiming that parliament was spending too much time on the drink question at the expense of more pressing concerns. The general consensus at this point was that the related issues of temperance and liquor licensing could be dealt with by an Irish legislature.<sup>37</sup>

While the reviewers of Kerr's book were not totally opposed to his arguments, they protested that he was a 'well-known advocate of teetotalism', 'pledges' and 'legal restriction against the consumption of alcohol'. They also condemned the author's use of his 'favourite illustration', the eradication of ether-drinking in County Tyrone, suggesting that it was the influence of Father Mathew's temperance campaign during the 1840s which had caused this problem in the first place:

Thus from Cork to Belfast, Ireland is made a sober kingdom. But the peasant took neither to tea, coffee, nor Bovril. At fairs, wakes, and dances he found the so-called cordials, consisting of raw corn whisky and flavoured syrup in the south; and, in the thrifty north, methylated ether, was his panacea for trouble.<sup>38</sup>

Although they were pleased to observe the decline of ether consumption in the area by some 90%, a result of it being scheduled as a poison, the reviewers were anxious that alcohol should not follow suit and evoked the spectre of prohibition in the US state of Maine:

Are we to christen publicans “druggists?” And are we, as in Maine, USA, to call on our pharmaceutical chemist for a “mint pick-me-up” instead of going to our hotel or public-house?<sup>39</sup>

The tirade did not end there. They concluded that:

Reform never came from faddists. Their exaggerations disgust the unbiased. The work of making Great Britain and Ireland a sober nation is the work of the broad-minded common sense people in our midst.<sup>40</sup>

Alarm over the potential intrusion of further restrictive laws was slow to be realised, however. In fact, it was not until 1906, after twenty-eight years of debate, that a partial Sunday Closing Act was made permanent in Ireland.<sup>41</sup>

In spite of the Draconian spirit of some of Cosgrave’s suggestions, the physician concluded by affirming his belief that:

in many cases inebriety is a disease closely allied to insanity and susceptible of successful treatment, if power is given to keep the patient from drink for a sufficiently long period; and believing that the sooner the case is taken in hand the more is the probability of cure.<sup>42</sup>

There was nothing remarkably new about Cosgrave’s alignment of inebriety with insanity. In fact, the belief that drunkenness caused madness had its roots in the late eighteenth century, where it was discussed in the works of physicians including Trotter and Rush. As we have seen, many influential alienists had adopted this framework and by the 1850s, it was widely accepted by medical men.<sup>43</sup>

Cosgrave’s paper spawned mixed reactions. While the doctors present were unanimously courteous and expressed their gratitude to him for raising the topic, many offered contrasting solutions. Among them, one practitioner, a Dr. Davys, suggested that the only successful treatment or cure for the intermittent drinker was for a physician to recommend (with the family’s approval) a strong male attendant who could be employed to ‘wait on the inebriate, and by physical force prevent him taking any alcohol, the patient to be kept in the house’. According to Davys, this gave families much greater privacy and was bound to cure the drunkard within about three days. The same course should be adopted if (and often when) the ‘patient breaks out again’. Apparently once patients returned to their sober state, they fully approved their treatment.<sup>44</sup>



The Medical Inspector of the Local Government Board, Edgar Flinn, diverged in his approach, urging that inebriates should be removed from the home and 'in some instances, they might with propriety be placed in asylums'.<sup>45</sup> This proposal was contentious and did not meet with agreement from most asylum doctors. Rather, as Mark Finnane has reasoned, the failure of inebriate reformatories and retreats gave rise to a scenario where the 'asylum was an easy last resort'.<sup>46</sup> In France, alienists were equally unsure about the suitability of asylums as treatment centres for alcoholics, who they blamed for the silting up of asylums, especially in Paris.<sup>47</sup> This issue gained increased attention in nineteenth-century Ireland, where the significance of alcoholism as a cause of insanity was contested.<sup>48</sup>

### ALCOHOLISM AND ASYLUMS

While the Irish psychiatric community had strong professional ties with its British counterpart, including several Irish members of the MPA<sup>49</sup> and Irish participation in the *Journal of Mental Science*, Irish asylum doctors did deviate from the frameworks of their British colleagues.<sup>50</sup> Coinciding with their appointment as lunacy inspectors in 1890, Drs. George Plunkett O'Farrell and E. Maziere Courtenay hastily warded off suggestions that asylums might offer care for those considered intemperate but not mentally ill.<sup>51</sup> But they were soon forced to recognise that voluntary patients no longer deemed insane but who wished to remain in private asylums hoping to recover from alcohol dependence could do so. Because voluntary boarders could neither be detained against their will, nor registered as lunatics, the inspectors concluded that their admission would benefit those unable to care for themselves at home.<sup>52</sup> By this time, some private asylums had clearly assumed the role of rehabilitation centres for those who could pay the high fees charged to lodge in them.

This is unsurprising, given that private asylum care was almost exclusively the preserve of the wealthy. Evaluating the feasibility of creating 'receptacles for dipsomaniacs' in 1875, the former lunacy inspectors, John Nugent and George William Hatchell,<sup>53</sup> speculated that drunkenness among the 'lower orders without social position or means' was treated as an offence or misdemeanour, while among the 'better and richer classes' it was often perceived as an 'incipient malady'.<sup>54</sup> For the rich, then, a tendency to overindulge in drink may have been viewed as more deserving of asylum care. In fact, during the late nineteenth

century, private asylum patients were more likely to be admitted due to alcohol than the poorer patients sent to voluntary and especially district asylums. The reverse is true for Britain, where drink was less often identified as a symptom of illness among private asylum patients in England and was usually associated with the working classes in Scotland.<sup>55</sup>

If the lunacy inspectors were quite content for private asylums to function in this way, the ever-expanding state-funded district asylums were a different matter. In 1893, Courtenay and O'Farrell issued a circular to the resident medical superintendent (RMS) of each district asylum asking them to account for the alleged increase of insanity in Ireland. In response, they mostly concurred that insanity was not directly caused by alcohol.<sup>56</sup> This diverged from contemporary discourses in France and Britain where alcohol was cited as a chief cause.<sup>57</sup> In Ireland, some medical superintendents recognised excessive drinking as a manifestation of existing insanity, others cited adulterated alcohol as a cause, and still more believed that the habitual drunkard produced offspring liable to insanity, including epileptics.<sup>58</sup> These views had also been expressed by Cosgrave, who argued that the heredity fallout from inebriety caused neuroses in the descendants including hysteria, epilepsy and inebriety itself.<sup>59</sup> This was to be expected, given the well-established links between alcohol and degeneration which occupied much of the contemporary dialogue on the alleged increase of insanity in Ireland and elsewhere.<sup>60</sup> The rise of eugenics had influenced the campaign for Irish inebriate reformatories, where much of the attention was directed towards women's drinking.<sup>61</sup> Similarly in Britain, the major concern about alcohol was with the impact of women's drinking on the future of the race.<sup>62</sup>

While consensus had apparently been reached as to the hereditary nature of alcoholism, asylum doctors working in rural and urban districts made contrasting observations about the consequences of excessive drinking. In his response to the circular, L. T. Griffin, the RMS at the Killarney asylum, claimed:

I cannot consider that with our rural population its abuse is a very prominent cause of insanity in this district. The peasant drinks to excess occasionally at fairs, weddings, wakes, & c., but he is not a habitual drinker, rather he is a total abstainer except on such occasions. However, this occasional debauch with its consequent poverty and insufficient food to the family, probably exercises an injurious influence, and so far the abuse of alcohol must be held to be a cause.<sup>63</sup>

By contrast, Edward D. O'Neill, the RMS at the Limerick asylum, wrote: 'there is not a shadow of a doubt abuse of alcohol swells our asylum population, not so much in country districts as in large towns and cities'.<sup>64</sup> In a similar vein, Conolly Norman, the renowned RMS of the Richmond asylum in Dublin (later known as Grangegorman), stated that in asylums which contained large urban populations, many cases were admitted directly due to drink while 'doubtless very many more' were indirectly related.<sup>65</sup> These responses support Catherine Cox's finding that while Irish asylum doctors' explanations for the alleged increase of insanity in Ireland were mostly in line with the British and European intellectual climate, they also drew upon their personal and cultural understandings of their patient populations.<sup>66</sup> Although those in the British countryside also tended to drink less than those in British towns and cities,<sup>67</sup> Ireland's overwhelmingly rural character posed a different paradigm for medical practitioners working in these areas.

The same can be said for the wider Irish medical community, for whom these arguments still resonated a decade later. In 1904, a reviewer of an issue of the British periodical, *The Medical Temperance Review* for the *Dublin Journal of Medical Science*, remarked:

That a more than dimensional proportion of the interest of the alcohol question is justly due to Ireland is well known to its every intelligent inhabitant. The evils of alcoholism are spread out before our pain-stricken vision in every lane and alley of our metropolis; and, to a slighter degree, in all our towns and villages.<sup>68</sup>

The notion that sobriety was essential for successful national self-governance also coloured medical opinion. The reviewer went on to articulate the well-worn 'Ireland Sober, Ireland Free' dictum:

One of the heaviest blows which a patriotic Ireland could possibly inflict on its neighbouring British rulers would be given by taking the pledge all round – old and young – and keeping it! Why, we often say to ourselves, do not patriotic politicians utilise this fact?<sup>69</sup>

This interpretation was by no means peculiar to Irish medicine. As Diarmaid Ferriter has shown, temperance campaigners were also alarmed by the recognition that the terms 'drink' and 'Irish' were becoming interchangeable in a caricature which was seen to diminish

and downgrade Irish claims to independence.<sup>70</sup> Adherence to the well-known stereotype of the ‘drunken Irish’ was certainly visible among non-Irish contributors to the *Journal of Mental Science*. In 1900, an article described the year’s ‘statistics of drink’ as ‘puzzling’ and appearing

to prove some facts oddly at variance with common notions; for instance, that a luxurious use of intoxicating drinks is increasing in some circles in these islands, and that Englishmen are very much more drunken than Scottish or Irish folk.<sup>71</sup>

The Irish press seized upon statistics of this nature as evidence that they ‘remove from our country the slur which British moralists would cast upon her’. Nonetheless, they were careful not to deny that ‘intemperance is a terrible evil in our midst’.<sup>72</sup> Irish contributors to the *Journal of Mental Science*, however, did not respond to such findings, apparently choosing instead to remain largely silent on the issue. This perhaps reflected the distance many Irish asylum doctors perceived between themselves and their largely peasant patient population, pointing to class differences within the drink question more broadly, which were permeating psychiatry.

Calls for the Irish psychiatric community to engage in the ‘holy war against alcohol’ also reverberated with Irish temperance rhetoric. In 1899, Archbishop John Ireland had delivered a thundering address to the Irish Sunday Closing and Early Saturday Closing campaign in which he had incited a ‘modern holy war’ against excessive drinking and castigated the considerable number of public houses in Ireland.<sup>73</sup> At the 1904 MPA conference, the eminent RMS at the Enniscorthy District Lunatic Asylum, Thomas Drapes,<sup>74</sup> echoed the Archbishop, when he pointed out that ‘there is one lunatic or idiot in Ireland to every 178 of the present population and one public-house to every 176!’ Drapes observed that for the ‘neurotic’ and the person disposed to drink, every one of these ubiquitous public houses was an ever-recurring temptation.<sup>75</sup> While Drapes was especially resolute about the damaging effects of alcohol and showed keen support for temperance activities in his local community,<sup>76</sup> his views were also representative of a large segment of the Irish medical community. The doctor’s apparent preoccupation with drink is predictable, given he, like many of his colleagues, was a protestant, Trinity-educated doctor of Anglo-Irish extraction. Following the demise of Fr Theobald Mathew’s remarkably successful temperance

'crusade' in the 1840s, the temperance movement had come to be seen largely as the 'preserve of middle-class, pro-British protestants who used it to bolster their own position while at the same time denigrating the customs and habits of their Catholic social inferiors'.<sup>77</sup> Yet by the early twentieth century, some increasingly militant Irish nationalists were finding much in common with the new Catholic temperance movement, the Pioneers' Total Abstinence Association, particularly the renewed belief that sobriety held the key to Irish independence.<sup>78</sup> Thus, while Drapes was an unlikely ally of the nationalist cause,<sup>79</sup> some members of the Irish medical community were absorbing and even propagating their ideology. The heavily politicised nature of the Irish drink question in this era was clearly giving rise to multiple interpretations among doctors.

In spite of appeals to engage in the 'holy war', the Irish psychiatric community made little further remark on alcoholism in the ensuing decades. In 1912, two new lunacy inspectors, Drs. Thomas I. Considine and William R. Dawson, carried out a nationwide survey which examined the correlation between asylum committal rates and a range of social behaviours including alcohol consumption. Their findings led them to conclude there was no significant connection between asylum size and rates of drunkenness.<sup>80</sup> In their subsequent reports, they made no comment on the high rates assigned the cause of alcohol, although they continued to measure them. By this point, alcohol was coming to be viewed as a 'stumbling block' for the already 'unstable brain', again mirroring shifts in European contexts.<sup>81</sup> Discussion of the links between alcoholism and heredity also ground to a halt in the early twentieth century. In 1910, degeneration theory had become hotly contested when Karl Pearson and Ethel Elderton at the Galton Laboratory for National Eugenics at University College London found 'no discernible connection between parental alcoholism and mental defects in their children'.<sup>82</sup> Meanwhile, the 'increasing influence of the Freudian movement also hastened the end of degenerationist thought'.<sup>83</sup> The collapse of the inebriate homes system both in Ireland and in Britain also undermined medical authority, given the very public medical support for this initiative. As debates on the physiological and psychological effects of alcohol raged on in Britain throughout the First World War,<sup>84</sup> and in the United States, the seeds of prohibition were actively being sown, in Ireland, any further medical involvement in the drink question was apparently deferred until after the War of Independence (1919–1921) and subsequent partition (1922–1923) of the island into two separate states.

## DIAGNOSING ALCOHOLISM

In spite of the Irish psychiatric community's inertia in solving the drink question, in their daily practice asylum doctors regularly identified and attempted to treat alcohol-related illnesses. Asylum admissions related to alcohol remained consistently high in the decades leading up to independence. According to the lunacy inspectors, in 1890 one in eight men and one in twenty-two women were admitted to district asylums for 'intemperance'.<sup>85</sup> In December of that year, one in eleven men and one in twenty-six women were in voluntary and private asylums owing to 'intemperance in drink'.<sup>86</sup> In the last report published prior to independence in 1919, alcohol was considered the chief cause for one in sixteen patients and one of multiple factors for almost one in ten, with rates remaining higher for men than for women.<sup>87</sup>

While drink was very often identified as a *cause* of insanity, alcohol-related *diagnoses* were far less common. Among those admitted to district asylums in 1890, just one in seventeen men and one in thirty-five women were diagnosed with mania *a potu*, a form of insanity attributed to excessive alcohol consumption, which, like mania itself, was characterised by excited or violent symptoms and sometimes identified with delirium tremens.<sup>88</sup> Reflecting the approval of private asylums as suitable establishments for inebriates, mania *a potu* was more commonly diagnosed in patients admitted to voluntary and private asylums; in the same year, one in thirteen men and one in fourteen women were diagnosed with this disorder.<sup>89</sup> By 1909, the last year for which figures for mania *a potu* or any other alcohol-related disorder were included in the annual reports, this pattern was reversed with one in sixteen of men and one in fifty-six women sent to district asylums diagnosed with this disorder, compared to one in eighteen men and only one in 143 women sent to voluntary or private asylums.<sup>90</sup>

The trends are similar for patients admitted to Belfast, Enniscorthy and St. Patrick's asylums. Nearly all of the alcohol-related admissions to these institutions were attributed to alcohol. Of these 901 patients, 524 were assigned alcohol only, a further 246 were assigned the additional cause of heredity, but only 160 were diagnosed with an alcohol-related disorder. Instead, almost half were diagnosed simply with mania. This departs significantly from trends in the Sainte-Anne asylum in Paris, where diagnoses of alcoholism made up almost a quarter of male admissions, and was said to have contributed to a further 7.3%.<sup>91</sup> These

divergences in diagnostic and aetiological categorisation in the Irish case reflect different medical understandings of alcoholism as a contributing factor of mental disorder rather than mental illness itself. Of course, the causes assigned tell us as much about lay, as they do medical definitions. The medical certificates which accompanied patients on admission allowed certifying doctors—usually not psychiatrists—to record cause of illness, and this was heavily based on information provided by family and friends. On admission, asylum doctors could then choose to confirm or alter this information.<sup>92</sup> While medical rather than lay authorities therefore had the final say over what was recorded, there is little doubt that the attitudes towards alcohol of those committing patients, including poor law and judicial official, friends, relatives and even the patients themselves, were represented.<sup>93</sup>

Case notes for individual patients shed light on the diverse criteria applied when citing alcohol as a cause of illness. Both the quantity of alcohol taken and the length of time a patient had been drinking varied widely. At Belfast, one patient assigned the cause of 'drink' had reportedly 'been drunk all his life', yet another had been drinking hard for only two weeks prior to taking ill, consuming '110 glasses of whiskey in the fortnight'.<sup>94</sup> Meanwhile, an Enniscorthy patient told his doctor that 'he occasionally drank a good deal of porter, up to 7 or 8 bottles in the day if he was out on duty or with friends but this would not incapacitate him from business'.<sup>95</sup> The criteria were equally eclectic at St. Patrick's. While Patrick D. was described as 'very intemperate – 1 pint at least of whiskey being taken for years daily', Patrick C. was said to have 'been drinking but not recently'.<sup>96</sup>

It is striking how frank many patients were in conversations with asylum doctors. This contradicts the general consensus among many Irish medical practitioners, discussed above, that the drunkard could not be trusted and usually denied their drinking. Patients and their relatives often attempted to rationalise why they drank to excess. As will be discussed later, the sheer number of public houses and resultant availability of drink was cited as a frequent cause for relapse among patients. Another common theme was the death of a loved one.<sup>97</sup> Maria D., admitted to St. Patrick's with 'alcoholic insanity' in 1904, was 'reported to have taken 1½ pints of brandy per day for some time'. She later stated that 'her intemperance was due to shock consequent upon the sudden death of her son'.<sup>98</sup> In a particularly heart-wrenching set of circumstances, Anne L. was admitted to Enniscorthy in 1904 for melancholia

caused by the ‘death of child and drink’. Anne had buried five or her six children who had all died under the age of eighteen months, and her husband stated that after the last child died, ‘she fretted after him and he says people gave her whiskey. He can’t say how much but too much’. Anne later confirmed her husband’s explanation and was discharged recovered the same year.<sup>99</sup> Links between excessive drinking and mourning were not confined to female patients. When Patrick H. was admitted to Enniscorthy in 1909, diagnosed with acute melancholia, the causes assigned were ‘predisposing: heredity; exciting: death of wife and children – drink’. Patrick presented himself at the asylum and asked to be taken in saying that his “‘head was wrong” since the death of his wife and he feared he would do some harm to himself and thought of drowning himself in a hole of water’. Patrick’s wife had died while giving birth to twins who both died nine days later.<sup>100</sup> Another patient, James J., told his doctor that ‘ever since his father was drowned in the Noir [river] he has “‘been a fearful man for drinking”’.<sup>101</sup>

In a number of cases, both halves of a married couple reportedly drank to excess and were seen as a bad influence on one another.<sup>102</sup> The brother of one Enniscorthy patient told Drapes that ‘he thinks it was his wife get him deranged, as she drinks too ... he did a splendid business and was most popular, but thinks that it has gone more or less to [?] since both he and wife took to drink’.<sup>103</sup> Similarly, the brother-in-law of another patient, William McN, told Drapes he believed the patient’s:

Drinking and derangement were all due to his wife “‘who ought to be in the asylum instead of him”. She drinks twice or thrice times what he’d drunk. Used to go away from him for 3 or 4 months and then when he had no comfort at home he would go to the publics [public houses] and drink mostly beer: little or no whiskey”... He says that he (patient) was convinced that his wife was trying to poison him. That he is a right good fellow and that every one of the neighbours “‘would die for him.”

When William was discharged less than a month later and his wife came to collect him, Drapes noted that she had ‘the aspect of a drinking woman’.<sup>104</sup> These examples correspond to Holly Dunbar’s finding that women, and especially wives, were expected to steer men away from vices and towards sobriety.<sup>105</sup> Yet, at least in Enniscorthy, criticism of a patient’s spouse was not limited to one gender. In 1906, patient Barbara B.’s illness was ascribed to both ‘drink’ and ‘husband’s intemperance’



and the patient told Drapes that 'her attack was caused by annoyance of her husband drinking'. She did, however, admit to drinking up to 'two, four or even six bottles of porter' when they were given to her. On a visit from her husband, the assistant medical officer, Dr. Hugh Kennedy, clearly sympathised with the patient, writing of her husband that 'he had drink taken and attempted to beat her – when prevented by Attendant Hanna Fenlon became very cheeky and abusive'.<sup>106</sup> Cases like these demonstrate that in the eyes of medical staff, both husbands and wives were potentially corrupting influences on their spouses.

Insight into the type of people admitted to asylums for excessive drinking or alcoholism can also be gleaned from patient records. A typical case for the period from 1890 to 1921 was a man in his thirties or forties, who had usually been married, was Roman Catholic and had worked in either the agricultural or industrial sector. The much higher level of male admissions is expected, given that alcoholism has historically been viewed as a male problem.<sup>107</sup> Thus, while men were often over-represented, especially among those committed to rural asylums,<sup>108</sup> they were considerably more likely than women to be described as suffering from alcohol-related illnesses (between 67.7 and 87%). Prestwich has found similar in her study of alcoholics committed to the Sainte-Anne asylum in Paris, reflecting the lack of public medical attention geared towards female alcoholism in the late nineteenth and early twentieth centuries.<sup>109</sup> By the First World War, however, there was well-documented alarm over female alcoholism, in both Ireland and abroad. Dunbar has chronicled the contemporary revulsion for women who drank excessively during the First World War in Ireland, a theme which Prestwich has identified in the French context.<sup>110</sup> These anxieties have been linked to women's changing role in society, while alcoholism in women was often associated with sexual immorality.<sup>111</sup> Notably, women's excessive drinking may have more frequently been seen as criminal, as they were more likely to be sent to inebriate reformatories than men.<sup>112</sup>

The occupational profile of male patients in this study contrasts somewhat with Prestwich's characterisation of male alcoholic patients admitted to the Sainte-Anne asylum in Paris, who 'with the exception of those in the wine and alcohol trades, were more likely to be vagabonds and unskilled or skilled workers and less likely to be drawn from the petty bourgeois categories of clerks and shopkeepers'.<sup>113</sup> Predictably, the 'agricultural class'<sup>114</sup> made up three-fifths of rural Enniscorthy's male alcohol-related admissions. The 'industrial class', which includes

dealers, publicans, shoemakers, carpenters, shopkeepers and tailors, was well represented in both Enniscorthy (21%) and Belfast (36.8%), while the professional and commercial classes were over-represented among patients sent to Belfast (12.8%) and St Patrick's (14.3%). In fact, those in the 'indefinite and non-productive class' are a good deal lower than the national picture.<sup>115</sup> While this may tell us more about the recording process than implying higher levels of employment among alcohol-related admissions, the figure of 40% unemployment among (male and female) alcohol-related admissions to St. Patrick's is at odds with Malcolm's finding that by 1884, nearly two-thirds of the general patient population had no occupation.<sup>116</sup> What is clear is that the men committed to the asylums studied were by no means unproductive layabouts, who had long ceased to provide for themselves and their relatives. To use the dictum of the time, they might be considered those who had fallen on hard times or the 'deserving poor'.

The same can be said for the female patients, who were over-represented in the industrial classes at both Belfast (27.6%) and Enniscorthy (19.1%) compared to the national figure of 8.1% in 1911. This group included weavers, dressmakers, spinners, dealers and mill-workers. In international contexts, occupations like 'dressmaker' have been revealed as euphemisms for prostitute and some known prostitutes in Ireland were returned in the 1901 census as dressmakers, housekeepers, waitresses and milliners.<sup>117</sup> However, given that the occupations of seven patients (3.8%) in this study were explicitly recorded as prostitute, it is unlikely that this was the case here. The proportion of women recorded as having 'no occupation' is also low by the standards of total district asylum populations, for whom this was usually the largest category, followed by those in the agricultural class.<sup>118</sup> This high level of employment mirrors that of women admitted for alcoholism to the Sainte-Anne asylum, who were also disproportionately likely to have worked outside the home. In the Parisian context, women in certain occupations, including cooks, laundresses and male and female wine traders, were reported to have regularly 'drank on the job'.<sup>119</sup> Again, this could be seen as reflecting anxieties about increased activity of women in the workplace and by extension, in the public sphere.<sup>120</sup> This line of thought has been visible in modern discourses, where since the 1980s the growing visibility of women in the workforce has given rise to the stereotype that women performing 'men's work' have come to replicate 'men's vices'. Conversely, and as Prestwich has argued, given

their knowledge that working-class women led 'hard lives', French psychiatrists accepted that women, like men, might develop job-related or occupational alcoholism.<sup>121</sup>

Another defining characteristic of alcohol-related admissions to asylums was the short periods of time they tended to remain incarcerated.<sup>122</sup> Like most asylum patients, half the patients in this study stayed for less than six months. Longer stays of five years or more accounted for only 17.6% compared to over a quarter of all asylum patients.<sup>123</sup> Those admitted to St. Patrick's stayed the shortest length of time, with almost three quarters released within the first year. Gender apparently impacted on rates of discharge: women were slightly less likely (58.2%) than men (66.5%) to be released within a year while they were more likely (15.3%) than men (10.1%) to become long-term patients of ten years or more. Those who stayed longer had much higher chances of dying in the asylum, with 71.1% of those staying between five and ten years and 93.2% of those staying ten years or more doing so. Short-term patients, on the other hand, had very high chances of recovery: 73.1% of those released within six months were described as 'recovered' and a further 12.3% as 'relieved'. Repeated admission, a substantial characteristic in all Irish asylums, was also a remarkably strong trait among those suffering from alcohol-related illness, both in Ireland and internationally.<sup>124</sup> While tracing readmissions is not an exact science, at the very least, one in ten patients in this study was returned to the asylum and references to previous confinements in other institutions were not infrequent. Unlike those readmitted to the Sainte-Anne asylum, who after two or three times were deemed incurable, readmissions did not seem to impact negatively on the outcome of patients' stays.<sup>125</sup> In fact, many of those admitted repeatedly were likely to be discharged recovered.

## TREATING ALCOHOLISM

The high level of readmissions speaks volumes about the lack of effective treatment and implies that the general lack of medical consensus about alcoholism and mental illness translated to asylum practice. Similar to the regime at the Ennis State Inebriate Reformatory,<sup>126</sup> treatment for alcoholic excess or addiction largely followed the ordinary asylum regime of good feeding, fresh air and exercise, and occupational therapy.<sup>127</sup> Given the overcrowding in most district asylums, there were less recreational facilities for patients at Belfast and Enniscorthy. Life in a voluntary

asylum like St. Patrick's was apparently more varied, and patients were occupied at games like billiards and draughts, playing the piano, cycling and going for drives.<sup>128</sup> There were a number of commercial cures on the market both internationally and in Ireland, especially at the turn of the century, ranging from hypnotism to Dr. Keeley's infamous 'gold cure' (injections of bichloride of gold) to the 'Normyl' cure for Alcohol and Drug Addictions (twenty-four days of a medicine which was 75% strychnine).<sup>129</sup> Yet, aside from the use of strychnine in Enniscorthy and St. Patrick's asylum, such cures were apparently not administered.<sup>130</sup> Likewise, several of the treatments employed at German, Swiss and French clinics, including the traditional hydrotherapy and massage, and more experimental gymnastics and sunbathing, did not gain currency in Ireland.<sup>131</sup>

In contrast to the State Inebriate Reformatory, where there was very little recourse to drug therapy or specific cures, in Irish asylums a number of drugs, particularly sedatives, were given to patients, usually soon after admission when the effects of drink were at their height.<sup>132</sup> These included hyoscine, mophia, digitalis, paraldehyde, trional, potassium bromide and sulphonal. When other treatments failed, solitary confinement was used in some exceptional and usually violent cases. After John George F., a patient admitted to St. Patrick's asylum 'became violently delirious' he was put into a padded room 'in a typical state of delirium tremens'. When he was deemed to be 'out of his deliriums', he was released after a total confinement of fifty-nine hours and ten minutes.<sup>133</sup> Similarly in 1906, Enniscorthy patient Andrew S. was put in a padded room and given 1/96 grains of hyoscine.<sup>134</sup> The need to manage violent patients did not apparently extend to mechanical restraint, however. When Thomas R. was brought in from the New Ross Workhouse in a straightjacket in 1909, Kennedy insisted it be 'removed at once'.<sup>135</sup>

Abstinence was another important tenet of treating alcoholic excess or addiction and naturally one which patients found the most difficult to endure. Several patients requested alcohol while in the asylum. At St. Patrick's, Cecelia Frances W. told her doctor 'she would appreciate some good wine', while William G. R. complained of not being given "Chablis & Chianti" wine ... Frequently asks the writer [asylum doctor] for a drink out of the bottle of Port Wine which he says he sees in my pocket'.<sup>136</sup> At the Ennis Reformatory, the minimum period of detention and therefore abstinence was eighteen months but as we have seen asylum patients were frequently released within a few months.<sup>137</sup> Moreover,

and in spite of the British and Irish medical communities' increased hostility towards drink and reluctance to prescribe it as medicine, several patients were given drink in the asylums studied.<sup>138</sup> Surprisingly, it was the keen temperance activist, Drapes who most often recorded giving his patients drink. In 1891, he wrote 'I tried substituting bot[tle] of porter for 2 oz of wine but tho' he said he would like it, he can with difficulty be got to take even some of it'.<sup>139</sup> Five years later, he gave another patient some 'whiskey as she was deadly pale and her pulse very weak'.<sup>140</sup> This reflects the duality in medical attitudes towards alcohol in this era, wherein many doctors retained their faith in the therapeutic and restorative qualities of alcohol, while acknowledging the dangers of alcohol abuse.<sup>141</sup>

Although more than half the patients in this study whose outcome is known were discharged 'recovered' and a further 11.7% 'relieved', the long-term effects of asylum treatment were clearly not succeeding in many cases. The lack of aftercare options in Ireland posed profound challenges for those released from asylums. While Germany boasted a 'network of support groups to assist former drinkers', there were no such organisations in Ireland, save for a handful of philanthropic and state-funded societies for discharged prisoners.<sup>142</sup> Prestwich has noted that in the absence of post-cure care in France, the re-education of the drinker was continued by families, support groups and abstinence organisations.<sup>143</sup> Similarly in Ireland, the only forms of support outside the asylum were apparently families and the temperance movement, and patients were actively encouraged to take the pledge upon release. In fact, a condition of release for several Enniscorthy patients was their promise to do so.<sup>144</sup> Yet, a number of patients were evidently unable to remain abstinent. In 1902, James J., who had been admitted to Enniscorthy previously with mania *a potu* said he kept the pledge for two years, but had started drinking again in the two weeks leading up to his committal. He was again discharged recovered after less than one month in the asylum, and Kennedy later noted: 'keeping very well lately. He took the pledge on Saturday and if he keeps it should be all right'. However, about two weeks later he provided the following update: 'heard he is just as bad as ever and drinking again'.<sup>145</sup> In the same year, William W. also diagnosed with mania *a potu* 'said he had the pledge till lately, when he began to drink again; whiskey and porter and everything he could get: that he had been at work steadily up till then'. On discharge it was stated, 'he appears quite well in mind and has taken the Pledge'.<sup>146</sup> In some cases, patients

actually cited the pledge as the root of their mental distress. John K., who was admitted to Enniscorthy with alcoholic insanity, said ‘he drank freely up to a month ago when he took the pledge. That he has been feeling depressed since then, esp. about something he did wrong at confession’.<sup>147</sup> At other times, patients were coerced into taking the pledge. In 1908, Enniscorthy patient Peter C. spoke of how he was forced by his brother, a priest, to do so.<sup>148</sup> This complicates our understanding of those who took the pledge in rural Ireland, especially the idea that Irish attitudes towards drinking were polarised between those who abstained and those who drank excessively.<sup>149</sup>

As we have seen, the Irish medical community was well aware of the temptation to drink in Irish society, not least because of the ready availability of alcohol in the abundant public houses. The father of one Enniscorthy patient, Philip F., told the assistant medical officer, Kennedy that he had asked ‘the Publicans in Killealy not to give him drink. When they refused to supply him, he used to walk about three miles to get it’.<sup>150</sup> According to Dr. Oscar Woods, the RMS of the Cork asylum in 1894, ‘in a large number of cases people who have just come out of the asylum are greeted with, “Oh! I am so glad to see you home; come and have a drink” and this is too often repeated, and a relapse brought on’.<sup>151</sup> Woods’ interpretation was proven accurate time and time again among patients in this study. When Thomas McG was discharged from the Belfast asylum in 1914:

He immediately went to a Public House and became intoxicated, he then went home to his father’s house and threatened them. His father had him removed to the Union Infirmery and owing to his violent behaviour there he was re-certified.

He later escaped from the asylum:

Assisted by some unknown friend who came for him in a Taxicab and bringing a suit of clothing. He went home to his father’s house where he spent the night, leaving in the early morning to travel to Lisburn, Lurgan and Portadown. Unable to obtain work, he returned to Belfast and enlisted. Then becoming under [the] influence of alcohol returned to his father’s house and during a quarrel with his father attempted suicide. He was arrested by the police and after being charged was transferred to the [Belfast Union Infirmery] and ultimately was brought back to the District Asylum at 10.30pm.

The same patient was discharged and readmitted to the asylum twice more before eventually being discharged recovered in 1917.<sup>152</sup> Other patients managed to abstain for slightly longer periods of time. Richard C. L., a solicitor who was discharged from St. Patrick's in 1911, 'resumed his former habits within ten days and as a result lost his appointment'.<sup>153</sup> The following year, W. J. McM., a bank clerk:

On being discharged he, prior to taking up duties in a new office in Londonderry, went to Queenstown for a week & resumed his drinking habits there. On taking up his duties in Londonderry he gave up the drinking & after a few days became nervous and obsessed with a fear that he would make mistakes in money etc. & felt his memory going & so he returned at once.<sup>154</sup>

As Finnane has correctly contended, a publican's occupation was perceived as a specifically constant source of temptation.<sup>155</sup> In 1894, Catherine G., a barmaid in her sister's public house admitted to drinking porter while she worked there. As soon as she came into the asylum, she asked Drapes for a bottle of porter which he did not give her.<sup>156</sup> In 1914, Peter C., a publican diagnosed with mania *a potu* had suffered several attacks of delirium tremens at home. He was readmitted to Enniscorthy in 1914 having left only a week previously. According to the case notes, he started to drink as soon as he got out: 'He is drunk at present and staggering gait. Before leaving here he promised to go to a sister in the country for a few weeks but he went to his shop and began drinking'. He was discharged a few months later but less than a month after that was brought back 'blind drunk on admission', a pattern which continued several more times. There is no record of his eventual outcome.<sup>157</sup>

This cycle of relapse and recovery proved highly frustrating for asylum doctors, who, like their European colleagues, questioned the suitability of asylums as treatment centres for alcoholics.<sup>158</sup> By 1904, Drapes had become so exasperated by the repeated readmission of habitual drunkards to Enniscorthy that he blamed excessive drunkenness in Wexford for an increase of insanity there.<sup>159</sup> Drapes, however, appeared less frustrated than his predecessor, Joseph Edmundson, who had written of one patient: 'An habitual drunkard whom in my opinion a month on the treadmill in gaol would have a more permanent effect on than a month under kind asylum treatment'.<sup>160</sup> Edmundson was not alone in his rather harsh assessment. Some French doctors also recommended incarceration

over asylum treatment, while one argued that ‘amateur alcoholics’ treated the asylums as a ‘holiday retreat’ in periods of seasonal unemployment.<sup>161</sup> Asylum care was clearly the preferable option for some patients. In 1909, Charles Henry B., who had previously been in prison wrote to his friend from St. Patrick’s ‘I never had a better time in my life getting as fat as a bullock which you will see’.<sup>162</sup> Even those who had not served penal sentences, like Mary C., a 50-year-old widow sent to Enniscorthy, appeared to almost enjoy their period of confinement. When Mary was discharged, it was noted that she ‘had got to like the place and cried at leaving. Said she would rather stay longer with us’. She was readmitted soon afterwards.<sup>163</sup> By 1914, Drapes was replicating Edmundson’s sentiments, when, following the discharge of Peter C., he received a letter from the patient’s wife informing him ‘Peter is just as bad as ever again. He started the drink as soon as he got home’. In response, Drapes recommended that ‘if he got at all violent to have him arrested and sent to prison, which might have a more deterrent effect on him in future than a stay at the asylum. Otherwise told her she could send him back here’. As we have seen, the following year he was readmitted to the asylum ‘blind drunk on admission’.<sup>164</sup>

Kennedy also grew increasingly weary. When Thomas C was brought to the asylum by the police, for having ‘attempted suicide by hanging when in the cell at Police Station’, Kennedy remarked scornfully:

This is his old game, he always “attempts” suicide when arrested for being drunk and gets sent in here instead of being sent to jail. He replied quite readily and rationally to all questions and appears just as well as when he left here. He has “a screw lose” but is not really insane and knows well what he is doing.

Two months later, although the patient was showing progress and working at painting seats for the asylum, Kennedy reasserted his belief that he ‘should have been sent to Jail not here’.<sup>165</sup> Kennedy was also resigned to repeated alcohol-related admissions. On the occasion of Thomas MacD’s seventh discharge from Enniscorthy in 1908, Kennedy wrote ‘as soon as he gets out he will start drinking again and be sent back here’. Kennedy was proven right when Thomas was again readmitted less than five months later.<sup>166</sup>

Aside from their lack of ability to permanently ‘cure’ alcoholism, and the professional embarrassment this must have entailed, a key issue for



district asylum doctors was most likely the additional strain these patients were putting on the already overcrowded asylum system.<sup>167</sup> Notably, doctors at voluntary and private asylums demonstrated greater compassion towards alcohol-related cases. In 1920, the proprietor of the Lindeville private asylum in Cork, Dr. J. Osborne, wrote to the assistant medical officer at St. Patrick's Hospital's, Dr. H. R. C. Rutherford following the transfer of a former patient to St. Patrick's. In this letter, which was written to provide a case history for the patient, Osborne concluded 'I hope for his sake that he has recovered as he is quite a nice fellow. I should be very grateful if you would let me know in a week or two as I am most interested'.<sup>168</sup> There is also evidence of asylum doctors keeping in touch with former patients. For example, Arthur Q., a patient who had been admitted to St. Patrick's with alcoholic insanity, wrote to the hospital's medical superintendent, Dr. Leeper in 1906 following his discharge:

Mr Dear Dr Leeper

Very many thanks for your kind letter it was good of you to write so soon. I am so glad you got good sport in Wicklow I only wish I had been with you ... I must again thank you for all the kindness you showed to me and hope soon again to see you.

Very sincerely yours, Arthur Q[-].<sup>169</sup>

Of course, with a much smaller patient population to manage, it is likely that the pressure on those working in private and voluntary asylums was less.

## CONCLUSIONS

The sustained influx of alcohol-related admissions to Irish asylums sparked debate among the medical and psychiatric communities about the exact nature of alcohol addiction and how best to treat it. In line with wider European medical thought, for much of the two decades following 1890, most identified alcohol abuse as part of a greater trend towards degeneration. It is important to note, however, that Irish asylum doctors did not indiscriminately follow the commentary of their international colleagues. Guided by the differing social, cultural and political contexts of practising medicine in Ireland, including the enduring caricature of the Irish as a 'drunken' race and associations between the

nationalist cause and the concept of healthy minds (in this case sobriety), they were quick to identify regional, cultural and class differences among their own patient populations. The taking of the abstinence pledge by many of the patients examined points to the influence of religion among the largely Roman Catholic populations in rural Irish asylums. In a largely rural country, where alcoholism was apparently more widely recognised as an illness among the rich and a vice among the poor, wealthier individuals were more likely to receive treatment in an asylum, while even those committed to the state-funded district asylums tended to be drawn from the ‘respectable poor’.

Despite increased recognition of alcoholism as a disease in the decades before Irish independence and in an era when medicine was rapidly professionalising, the Irish medical community’s role in treating alcoholism was apparently a reluctant one. This reflects the uncertainty shared by many asylum doctors as to the precise relationship between alcohol and insanity, the difficulties inherent in attempting to treat alcoholic cases and bearing in mind the seemingly relentless expansion of the district asylum system into the twentieth century. While this evident reluctance allows us to dismiss Foucauldian notions of the clinical gaze being extended towards alcoholism, it is likely that the rising influence of medicine and psychiatry in this era was, at least partially, responsible for the pathologising of alcoholism both in Ireland and internationally.<sup>170</sup>

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## NOTES

1. Anonymous, “Intemperance,” *Journal of Mental Science* 50, no. 208 (January 1904): 117–118.
2. Mark Finnane, *Insanity and the Insane in Post-Famine Ireland* (London: Croom Helm, 1981), 146–150.
3. Calls for inebriate reformatories in Ireland were eventually met in 1898. The Inebriates Act of that year extended to Ireland and allowed for the committal of criminal inebriates to state or charitable-funded reformatories if they were tried and convicted of drunkenness at least four times in one year. But what medical reformers (both in Britain and in Ireland) had been campaigning for, that is, the compulsory power to detain non-criminal inebriates, never became law. In Ireland, the 1898 Act led to the establishment of four institutions.

But of these four, only the Lodge Retreat in Belfast accepted voluntary inmates and these were limited to fee-paying, protestant women. The remaining three institutions could only be accessed by those committed through the courts. These were the State Inebriate Reformatory in Ennis, and St. Patrick's and St. Brigid's certified inebriate reformatories for Roman Catholic men and women, respectively. This system was short-lived and, like Britain, had all but disappeared by the end of the First World War. See Conor Reidy, *Criminal Irish Drunkards: The Inebriate Reformatory System 1900–1920* (Dublin: The History Press Ireland, 2014); Elizabeth Malcolm, "Between Habitual Drunkards and Alcoholics: Inebriate Women and Reformatories in Ireland, 1899–1919," in *Gender and Medicine in Ireland 1700–1950*, eds. Margaret H. Preston and Margaret Ó hÓgartaigh (New York: Syracuse Press, 2012).

4. Finnane, *Insanity and the Insane*, 146.
5. Following the signing of the Anglo-Irish Treaty of December 1921, which ended the Irish War of Independence, Ireland was partitioned into two states. The twenty-six southern counties were reconstituted as the Irish Free State, an independent dominion of the British Commonwealth. The remaining six counties in the northeast of Ireland were formed into the state of Northern Ireland. This political partition of Ireland remains in place today.
6. See, for example, Diarmaid Ferriter, *A Nation of Extremes: The Pioneers in Twentieth-Century Ireland* (Dublin: Irish Academic Press, 1999); Elizabeth Malcolm, *'Ireland Sober, Ireland Free': Drink and Temperance in Nineteenth-Century Ireland* (New York: Syracuse University Press, 1986).
7. Ferriter, *Nation of Extremes*; Diarmaid Ferriter, "Drink and Society in Twentieth-Century Ireland," *Proceedings of the Royal Irish Academy* 115C (April 2015); Malcolm, *Ireland Sober, Ireland Free*.
8. *Fiftieth Report of the Inspectors of Lunatics (Ireland)* [CD 760], H.C. 1901, xxviii, 487.
9. Finnane, *Insanity and the Insane*, 18–52.
10. For an overview of medical understandings of alcoholism in international contexts, see Virginia Berridge, *Demons: Our Changing Attitudes to Alcohol, Tobacco & Drugs* (Oxford: Oxford University Press, 2013).
11. Berridge, *Demons*, 66–67; Roy Porter, "The Drinking Man's Disease: The 'Pre-history' of Alcoholism in Georgian Britain," *British Journal of Addiction* 80 (1985): 385–396.
12. Porter, "The Drinking Man's Disease."
13. Berridge, *Demons*, 88; James Nicholls, *The Politics of Alcohol: A History of the Drink Question in England* (Manchester: Manchester University Press, 2009), 66–67; F. W. Kielhorn, "The History of Alcoholism:

- Brühl-Cramer's Concepts and Observations," *Addiction* 91, no. 1 (January 1996): 121–128.
14. Peter McCandless, "'Curses of Civilisation': Insanity and Drunkenness in Victorian Britain," *British Journal of Addiction* 79 (1984): 53.
  15. *Ibid.*
  16. Nicholls, *Politics of Alcohol*, 167–168.
  17. Virginia Berridge, "The Origins and Early Years of the Society 1884–1899," *British Journal of Addiction* 85 (1990): 991–1003.
  18. For example, "Drunkenness a Disease—Hospitals for Inebriates," *Kerry Weekly Reporter*, 28 June 1890, 6; "The Treatment of Drunkards," *Freemans Journal*, 7 December 1893, 4.
  19. Finnane, *Insanity and the Insane*, 171n41; Malcolm, "Between Habitual Drunkards and Alcoholics," 119. For the British context, see McCandless, "Curses of Civilisation."
  20. Review of Norman Kerr, "Inebriety: Its Etiology, Pathology, Treatment, and Jurisprudence," *Dublin Journal of Medical Science* LXXXVI (July–December 1888): 41.
  21. Berridge, *Demons*, 90; Mariana Valverde, "'Slavery from Within': The Invention of Alcoholism and the Question of Free Will," *Social History* 22, no. 3 (1997): 255.
  22. Review of Norman Kerr, "Inebriety," *Dublin Journal of Medical Science*, 314–315.
  23. C. J. Woods, "Cosgrave, Ephraim MacDowel," in *Dictionary of Irish Biography*, eds. James McGuire and James Quinn (Cambridge: Cambridge University Press, 2009), 13.
  24. Woods, "Cosgrave, Ephraim MacDowel," 13; "British Medical Temperance Association," *Freemans Journal* (23 June 1898), 13.
  25. Ephraim MacDowel Cosgrave, *Brief History of the Society* (Dublin: Corrigan & Wilson, 1897); Ephraim MacDowel Cosgrave, *Experimental Proofs of the Role of Alcohol* (London: Ideal Publishing Union, 1901).
  26. From 1874 to 1919, the *Dublin Journal of Medical Science* was edited by John William Moore; Thomas Gillman Moorhead was appointed co-editor in 1907.
  27. Ephraim MacDowel Cosgrave, "The Control of Inebriates," *Dublin Journal of Medical Science* XCIII (January–June 1892): 179–180. For more on the concept of drunkenness as a disease of the will in international commentary, see Valverde, "Slavery from Within."
  28. Cosgrave, "Control of Inebriates," 181.
  29. *Ibid.*, 183. Cosgrave also discussed the possibility of introducing a register for drunkenness based on a model currently used in Prince Edward's Island. See *ibid.*, 185.

30. Malcolm, "Between Habitual Drunkards and Alcoholics," 111.
31. Berridge, "The Origins and Early Years of the Society."
32. Nicholls, *Politics of Alcohol*, 162.
33. See Berridge, *Demons*, 69; Nicholls, *Politics of Alcohol*, 168–169; Mariana Valverde, *Diseases of the Will: Alcohol and the Dilemmas of Freedom* (Cambridge: Cambridge University Press, 1998), 49.
34. Review of Norman Kerr, *Inebriety: Its Etiology, Pathology, Treatment, and Jurisprudence* (3rd edition), *Dublin Journal of Medical Science* XCIX (January–June 1895): 50.
35. Under the Act of Union in 1801, the Kingdom of Ireland was dissolved and Ireland was incorporated into the UK of Great Britain and Ireland. Beginning in the 1870s, a campaign began among Irish representatives in Westminster to secure a devolved government for Ireland. This was termed 'Home Rule'.
36. Cited in Malcolm, *Ireland Sober, Ireland Free*, 271. See also, Elizabeth Malcolm, "Temperance and Irish Nationalism," in *Ireland Under the Union: Varieties of Tension (Essays in Honour of T. W. Moody)*, eds. F. S. L. Lyons and R. A. J. Hawkins (Oxford: Clarendon Press, 1980), 94–98.
37. Malcolm, "Temperance and Irish Nationalism," 93–95.
38. Review of Norman Kerr, "Inebriety," *Dublin Journal of Medical Science* (3rd edition), 49.
39. *Ibid.*
40. *Ibid.*, 50.
41. Malcolm, *Ireland Sober, Ireland Free*, 273–274.
42. Cosgrave, "Control of Inebriates," 185.
43. McCandless, "Curses of Civilisation," 49. See also W. F. Bynum, "Chronic Alcoholism in the First Half of the Nineteenth Century," *Bulletin of the History of Medicine* 42 (1968): 160–185.
44. "Section of State Medicine," *Dublin Journal of Medical Science* XCIII (January–June 1892): 327–328.
45. *Ibid.* Edgar Flinn was educated at Clongowes and the Royal College of Surgeons in Ireland and served twenty-five years in the Volunteer and Territorial Forces, retiring with the rank of Colonel. From 1895 to 1910, he was Medical Inspector of the Local Government Board in Ireland, and he was then appointed medical member of the Irish Prisons Board and Chief Inspector of Reformatories and Industrial Schools. See "Col. D. Edgar Flinn—Former Medical Inspector of Prisons, Dead," *Irish Independent*, 20 August 1926, 4.
46. Finnane, *Insanity and the Insane*, 147–148.

47. See, for example, Patricia E. Prestwich, "Drinkers, Drunkards and Degenerates: The Alcoholic Population of a Parisian Asylum, 1867–1914," *Histoire Sociale/Social History* 27, no. 54 (1994): 321–335.
48. Catherine Cox, *Negotiating Insanity in the Southeast of Ireland, 1820–1900* (Manchester: Manchester University Press, 2012), 60.
49. David Healy, "Irish Psychiatry, Part 2: Use of the Medico-Psychological Association by its Irish Members—Plus ça Change!" in *150 Years of British Psychiatry*, eds. Hugh Freeman and German E. Berrios (London: Athlone Press, 1996), 314–320.
50. For more on the place of Irish psychiatry within the British psychiatric community, see Fiachra Byrne, "Madness and Mental Illness in Ireland: Discourses, People and Practices, 1900 to c. 1960" (PhD diss., University College Dublin, 2011). This paragraph features research from Alice Mauger, *The Cost of Insanity in Nineteenth-Century Ireland: Public, Voluntary and Private Asylum Care* (Basingstoke: Palgrave Macmillan, 2018), 153, 154, 155–156.
51. *Fortieth Report of the Inspectors of Lunatics (Ireland)* [C. 6503], H.C. 1890–1891, xxxvi, 521, 189–90.
52. *Forty-Seventh Report of the Inspectors of Lunatics (Ireland)* [C. 8969], H.C. 1898, xliii, 491, 33.
53. O'Farrell and Courtenay succeeded John Nugent (1847–1890) and George William Hatchell (1857–1889).
54. *Twenty-Forth Report on the District, Criminal, and Private Lunatic Asylums in Ireland*, H.C. 1875 [319] xxxiii, 18.
55. Lorraine Walsh, "A Class Apart? Admissions to the Dundee Royal Lunatic Asylum, 1890–1910," in *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, eds. Jonathan Andrews and Anne Digby (Amsterdam and New York: Rodopi, 2004), 262; Charlotte MacKenzie, *Psychiatry for the Rich: A History of the Private Madhouse at Ticehurst in Sussex, 1792–1917* (London: Routledge, 1992), 152. See also McCandless, "Curses of Civilisation," 52.
56. *Forty-Third Report of the Inspectors of Lunatics (Ireland)* [C. 7466], H.C. 1894, xliii, 401, 187; Cox, *Negotiating Insanity*, 60, 62.
57. Prestwich, "Drinkers, Drunkards and Degenerates," 325; McCandless, "Curses of Civilisation," 50.
58. *Forty-Third Report of the Inspectors of Lunatics (Ireland)*, H.C. 1894, 187; Cox, *Negotiating Insanity*, 60, 62.
59. "Section of State Medicine," 328. For Britain see McCandless, "Curses of Civilisation," 55.
60. Cox, *Negotiating Insanity*, 61.
61. Malcolm, "Between Habitual Drunkards and Alcoholics," 111.

62. Berridge, *Demons*, 89.
63. *Forty-Third Report of the Inspectors of Lunatics (Ireland)*, H.C. 1894, 206.
64. *Ibid.*, 214.
65. *Ibid.*, 222.
66. Catherine Cox, "Managing Insanity in Nineteenth-Century Ireland" (PhD diss., University College Dublin, 2003), 65. See also Brendan Kelly, *Hearing Voices: The History of Psychiatry in Ireland* (Newbridge: Irish Academic Press, 2016), 96–100.
67. Berridge, *Demons*, 32; McCandless, "Curses of Civilisation," 52.
68. "The Medical Temperance Review," *Dublin Journal of Medical Science* CXVIII (July–December 1904): 139.
69. *Ibid.*, 140.
70. Ferriter, *Nation of Extremes*, 5.
71. "The Strife with Alcohol," *Journal of Mental Science* 46, no. 194 (July 1900): 526.
72. "Untitled," *Evening Herald*, 6 April 1901, 4.
73. Ferriter, *Nation of Extremes*, 26.
74. Drapes published energetically on insanity and became the editor of the *Journal of Mental Science* in 1912. For more on Drapes, see Kelly, *Hearing Voices*, 93–96.
75. "Intemperance," 117.
76. Kelly, *Hearing Voices*, 93–96.
77. Malcolm, "Temperance and Irish Nationalism," 113. See also, Malcolm, *Ireland Sober, Ireland Free*.
78. Malcolm, "Temperance and Irish Nationalism," 111–115; Ferriter, *Nation of Extremes*.
79. In 1894, Drapes had cited the 'hopes, fears and anxieties' caused by constant political agitation, combined with the 'eloquence' of 'political teachers', as factors in the alleged increase of insanity in Ireland. Thomas Drapes, "On the Alleged Increase of Insanity in Ireland," *Journal of Mental Science* 40 (1894): 532. Also cited in Cox, *Negotiating Insanity*, 53–65. Additional evidence for this can be inferred from the fact there was no mention of nationalist activity in Drapes' obituaries. For example: "Thomas Drapes," *Journal of Mental Science* 66, no. 273 (April 1920): 83–87; "Dr Thomas Drapes," *Irish Times*, 7 October 1919, 4.
80. Cox, *Negotiating Insanity*, 62.
81. *Ibid.*, 61–62. Daniel Pick, *Faces of Degeneracy: A European Disorder, c.1848–c.1918* (Cambridge: Cambridge University Press, 1989), 201–202.
82. Berridge, *Demons*, 91.

83. *Ibid.*, 92.
84. Nicholls, *Politics of Alcohol*, 176.
85. *Fortieth Report of the Inspectors of Lunatics (Ireland)*, H.C. 1890–1891, 47.
86. *Ibid.*, 88.
87. *Sixty-Seventh Annual Report of the Inspectors of Lunatics (Ireland)* [CMD 32], H.C. 1919, xxv, 305, ix.
88. *Fortieth Report of the Inspectors of Lunatics (Ireland)*, H.C. 1890–1, 48.
89. *Ibid.*, 89.
90. *Fifty-Eighth Report of the Inspectors of Lunatics (Ireland)* [CD 4760], H.C. 1909, xxxii, 32, 17, 59.
91. Prestwich, “Drinkers, Drunkards and Degenerates,” 325.
92. Cox, *Negotiating Insanity*, 220.
93. McCandless, “Curses of Civilisation,” 50.
94. HOS/28/1/14/1/1 Belfast District Lunatic Asylum Casebook: Males, c. 1900–1926, George G; HOS/28/1/14/1/2 Belfast District Lunatic Asylum Casebook: Males, c. 1900–1935, William A.
95. Enniscorthy District Lunatic Asylum Clinical Record No. 3, 1891–1892, Bernard C.
96. St. Patrick’s Hospital E/137 Casebook: Males, Patrick T; St. Patrick’s Hospital E/137 Casebook: Males, Patrick C.
97. Prestwich has also noted this cause in the French context see Patricia E. Prestwich, “Female Alcoholism in Paris, 1870–1920: The Response of Psychiatrists and of Families,” *History of Psychiatry* 14, no. 3 (2003): 328.
98. St. Patrick’s Hospital E/141 Casebook: Females, Maria B.
99. Enniscorthy District Lunatic Asylum Clinical Record No. 9, 1903–1904, Anne L.
100. Enniscorthy District Lunatic Asylum Clinical Record No. 14, 1909, Patrick H.
101. Enniscorthy District Lunatic Asylum Clinical Record No. 3, 1891–1892, James J.
102. Prestwich has also noted the ‘corrupting influences of others’ as a cause in the French context see Prestwich, “Female Alcoholism in Paris,” 328.
103. Enniscorthy District Lunatic Asylum Clinical Record No. 4, 1893–1894, Michael S.
104. Enniscorthy District Lunatic Asylum Clinical Record No. 5, 1895–1896, William McN.
105. Holly Dunbar, “Women and Alcohol During the First World War in Ireland,” *Women History Review* (2016): 4.
106. Enniscorthy District Lunatic Asylum Clinical Record No. 12, 1906–1907, Barbara B.
107. For example, Prestwich, “Female Alcoholism in Paris,” 321–22, 325; Cox, *Negotiating Insanity*, 222.



108. Elizabeth Malcolm, "'The House of Strident Shadows': The Asylum, the Family and Emigration in Post-Famine Rural Ireland," in *Medicine, Disease and the State in Ireland, 1650–1940*, eds. Elizabeth Malcolm and Greta Jones (Cork: Cork University Press, 1999), 178–179; Finnane, *Insanity and the Insane*, 131; Cox, *Negotiating Insanity*, 138.
109. Prestwich, "Drinkers, Drunkards and Degenerates"; Prestwich, "Female Alcoholism in Paris."
110. Dunbar, "Women and Alcohol During the First World War"; Prestwich, "Female Alcoholism in Paris," 322.
111. Berridge, *Demons*, 93–94; Dunbar, "Women and Alcohol During the First World War in Ireland."
112. Malcolm, "Between Habitual Drunkards and Alcoholics."
113. Prestwich, "Drinkers, Drunkards and Degenerates," 325.
114. Discussion of occupation profile in this chapter uses the classification system adopted in the General Report on the Census of Ireland, 1911. See *Census of Ireland, 1911. General Report, with Tables and Appendix* [CD 6663], H.C. 1912–1913, cxviii.
115. *Census of Ireland, 1911*.
116. Elizabeth Malcolm, *Swift's Hospital: A History of St Patrick's Hospital, Dublin, 1746–1989* (Dublin: Gill and Macmillan, 1989), 204.
117. Maria Luddy, *Prostitution and Irish Society 1860–1940* (Cambridge: Cambridge University Press, 2007), 45.
118. Malcolm, "House of Strident Shadows," 180.
119. Prestwich, "Female Alcoholism in Paris," 329.
120. Berridge, *Demons*, 93–94; Dunbar, "Women and Alcohol During the First World War."
121. Prestwich, "Female Alcoholism in Paris," 322, 329.
122. This is rendered more pronounced, given the declining discharge rates and increasing duration of treatment in some asylums after 1900. See Cox, *Negotiating Insanity*, 144. Prestwich has found similar for male patients at the Sainte-Anne asylum in Paris. See Prestwich, "Drinkers, Drunkards and Degenerates," 327.
123. Malcolm, "House of Strident Shadows," 180.
124. *Ibid.*, 180–181. Prestwich, "Drinkers, Drunkards and Degenerates," 329.
125. Prestwich, "Female Alcoholism in Paris," 327.
126. Malcolm, "Between Habitual Drunkards and Alcoholics," 113; Reidy, *Criminal Irish Drunkards*, 41–62.
127. For more on treatment regimes in district asylums, see Finnane, *Insanity and the Insane*, 190–208; Cox, *Negotiating Insanity*, 207–230.
128. For example, St. Patrick's Hospital E/137 Casebook: Males, Benjamin Lloyd R.; St. Patrick's Hospital E/142 Casebook: Males, Robert T. For

- more on the disparities in recreational activities between public and voluntary/private institutions in Ireland see Mauger, *The Cost of Insanity*, 196–201.
129. See Berridge, *Demons*, 73; Valverde, “Slavery from Within,” 252. For Ireland, see, for example, “Hypnotism,” *Freemans Journal*, 13 April 1891, 5; *Kerry Sentinel*, 21 November 1894, 4; “A Keeley Institute for Ireland,” *Skibbereen Eagle*, 23 January 1897, 2.
  130. For example, Enniscorthy District Lunatic Asylum Clinical Record No. 12, 1906–1907, Thomas O’B.; St. Patrick’s Hospital E/145 Kalamazoo Casebook: Males, Richard C. L.
  131. Patricia E. Prestwich, “Paul-Maurice Legrain (1860–1939),” *Addiction* 92, no. 10 (1997): 1261.
  132. Reidy, *Criminal Irish Drunkards*, 59; Malcolm, “Between Habitual Drunkards and Alcoholics,” 113.
  133. St. Patrick’s Hospital E/142 Casebook: Males, John George F.
  134. Enniscorthy District Lunatic Asylum Clinical Record No. 12, 1906–1907, Andrew S.
  135. Enniscorthy District Lunatic Asylum Clinical Record No. 14, 1909, Thomas R.
  136. St. Patrick’s Hospital E/141 Casebook: Females, Cecelia Frances W.; St. Patrick’s Hospital E/142 Casebook: Males, William G. R.
  137. Reidy, *Criminal Irish Drunkards*, 58.
  138. Brian Harrison, *Drink and the Victorians: The Temperance Question in England, 1815–72* (London: Faber, 1971), 298–347; Malcolm, *Ireland Sober, Ireland Free*, 326.
  139. Enniscorthy District Lunatic Asylum Clinical Record No. 3, 1891–1892, Philip D.
  140. Enniscorthy District Lunatic Asylum Clinical Record No. 5, 1895–1896, Winifred K.
  141. McCandless, “Curses of Civilisation,” 51.
  142. Prestwich, “Paul-Maurice Legrain,” 1260; Reidy, *Criminal Irish Drunkards*, 64–65.
  143. Prestwich, “Paul-Maurice Legrain,” 1260.
  144. For example, Enniscorthy District Lunatic Asylum Clinical Record No. 3, 1891–1892, Thomas M.
  145. Enniscorthy District Lunatic Asylum Clinical Record No. 8, 1901–1902, James J.
  146. *Ibid.*, William W.
  147. Enniscorthy District Lunatic Asylum Clinical Record No. 6, 1897–1898, John K.
  148. Enniscorthy District Lunatic Asylum Clinical Record No. 13, 1908, Peter C.

149. For more, see Ferriter's study of the Irish temperance organisation, the Pioneers Total Abstinence Association: Ferriter, *Nation of Extremes*.
150. Enniscorthy District Lunatic Asylum Clinical Record No. 7, 1899–1900, Richard K.
151. Cited in Daniel Hack Tuke, "Increase of Insanity in Ireland," *Journal of Mental Science* 40, no. 171 (October 1894): 559.
152. HOS/28/1/14/1/4 Belfast District Lunatic Asylum Casebook: Males, c. 1916–1935, Thomas McG.
153. St. Patrick's Hospital E/145 Kalamazoo Casebook: Males, Richard C. L.
154. *Ibid.*, W. J. McM.
155. Finnane, *Insanity and the Insane*, 150.
156. Enniscorthy District Lunatic Asylum Clinical Record No. 4, 1893–1894, Catherine G.
157. Enniscorthy District Lunatic Asylum Casebook 1 Clinical Notes, Admissions from 1909 to 1929, Peter C.
158. See Prestwich, "Female Alcoholism in Paris"; Prestwich, "Drinkers, Drunkards and Degenerates"; Cox, *Negotiating Insanity*, 61.
159. Finnane, *Insanity and the Insane*, 147.
160. Enniscorthy District Lunatic Asylum Clinical Record No. 4, 1893–1894, Bartholomew C.
161. Prestwich, "Drinkers, Drunkards and Degenerates," 329–330; Prestwich, "Female Alcoholism in Paris," 327.
162. Letter attached to St. Patrick's Hospital E/145 Kalamazoo Casebook: Males, Charles Henry B.
163. Enniscorthy District Lunatic Asylum Clinical Record No. 5, 1895–1896, Mary C.
164. Enniscorthy District Lunatic Asylum Casebook 1 Clinical Notes, Admissions from 1909 to 1929, Peter C.
165. Enniscorthy District Lunatic Asylum Clinical Record No. 9, 1903–1904, Thomas C.
166. Enniscorthy District Lunatic Asylum Clinical Record No. 13, 1908, Thomas MacD.
167. As already noted, French asylum doctors shared these concerns. See Prestwich, "Drinkers, Drunkards and Degenerates."
168. Letter appended to St. Patrick's Hospital E/145 Kalamazoo Casebook: Males, James B. M.
169. Letter appended to St. Patrick's Hospital E/142 Casebook: Males, Arthur Q.
170. See Berridge, *Demons*, 69; Nicholls, *Politics of Alcohol*, 168–169; Valverde, *Diseases of the Will*, 49.

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